


11696 U.S. PTO
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PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. VASG-P01-002	
		First Inventor Valery Krasnoperov	
		Title POLYPEPTIDE COMPOUNDS FOR INHIBITING ANGIOGENESIS AND TUMOR GROWTH	
		Express Mail Label No. EV302398889US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small>	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 114] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the Invention- Brief Description of the Drawings <small>(if filed)</small>- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) <small>(35 U.S.C. 113)</small> [Total Sheets 88]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper	
5. Oath or Declaration [Total Sheets] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney	
		11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>	
		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other: 	
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 28120 OR <input type="checkbox"/> Correspondence address below			
Name		ROPES & GRAY LLP Matthew P. Vincent	
Address		One International Place	
City	Boston	State	MA
Country	US	Zip Code	02110-2624
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Name (Print/Type)		John D. Quisel	
Registration No. (Attorney/Agent)		47,874	
Signature		Date	
		March 12, 2004	

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV302398889US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 3-12-04

Signature: Maura A. Gallagher (Maura A. Gallagher)



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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	March 12, 2004
385.00		First Named Inventor	Valery Krasnoperov
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	VASG-P01-002

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	18-1945		
Deposit Account Name	Ropes & Gray LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$) 385.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	-20** =
Independent Claims	-3** =
Multiple Dependent	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1202 18	2202 9
1201 86	2201 43
1203 290	2203 145
1204 86	2204 43
1205 18	2205 9
SUBTOTAL (2) (\$) 0.00	

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 420	2252 210
1253 950	2253 475
1254 1,480	2254 740
1255 2,010	2255 1,005
1401 330	2401 165
1402 330	2402 165
1403 290	2403 145
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,330	2453 665
1501 1,330	2501 665
1502 480	2502 240
1503 640	2503 320
1460 130	1460 130
1807 50	1807 50
1806 180	1806 180
8021 40	8021 40
1809 770	2809 385
1810 770	2810 385
1801 770	2801 385
1802 900	1802 900
Other fee (specify)	
*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3) (\$) 0.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	John D. Quisel	Registration No. (Attorney/Agent)	47,874
Signature		Telephone	(617) 951-7685
		Date	March 12, 2004

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Dated: 3-12-04 Signature: Maura A. Gallagher (Maura A. Gallagher)